

Women Helping Women Scholarships Committee 😵 Kerr County Women's Chamber, Inc. P. O. Box 290621, Kerrville, TX 78029-0621 😵 www.KerrCountyWomensChamber.com

SCHOLARSHIP APPLICATION

Applications received after April 15 and/or incomplete applications will not be considered.

Name:		
Last Name (Legal)	First Name	Middle Initial
Physical Address		
	, Texas County:	Zip Code:
Mailing Address:		
City:	, Texas County:	Zip Code:
Phone: (Home):	one: (Home):Phone (Cell):	
E-Mail:	Date of Birth:	
Are you currently employed?	YesNoIf yes, where:	
Supervisor's Name:		
	NoPhone:	
-		
Marital Status: SingleMar	ried Number of Adults in	the Home:
Number of Children in the Home:Ages of Children in the Home:		
	-	
Spouse's/Significant Other's E	umployer:	
High School Name & Location	1	
Year High School Diploma or	GED Completed:	
In the Fall, I will be attending		as a:
	e Junior Senior	
Other:		

My Current GPA: _____

G E N E R A L

A C A D E M

С

Proof of acceptance or current student enrollment from the above school is REQUIRED.

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(Circle One): Own / Rent	Monthly: \$
If renting, provide landlord's name and phone number:	
CURRENT MONTHLY INCOME:	
Total Wages per Household (include spouse/significant other)	\$
Food Stamps	\$
Day Care Assistance	\$
Social Security and/or SSI	\$
Aid to Families and Dependent Children	\$
Child Support	\$
Other Income	\$
TOTAL MONTHLY INCOME:	\$
CURRENT MONTHLY EXPENSES:	
House or Rent Payment	\$
Car Payment(s) Paid to:	\$
Day Care paid to:	\$
Electricity – Gas - Propane:	\$
Water	\$
Telephone	\$
Cable	\$
Groceries (Monthly Average)	\$
Auto Repairs and/or Gasoline (Monthly)	\$
Clothing and/or Uniform Allowance (Monthly)	\$
Credit Card Payments	\$
Other Household Expenses (explain)	
	\$
	\$
	\$
TOTAL MONTHLY EXPENSES:	\$



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Please list your approximate anticipated educational expenses for a year:

 Tuition \$_____Books \$____Equipment \$____Fees \$____

List Other Financial Aid you anticipate receiving for the Fall Semester:

Example: Pell Grant, Other Scholarships, Texas Workforce Commission Grant

\$
\$
 \$
 \$
 \$
 \$

Write a paragraph on your goals and how you plan to achieve them:

I do hereby affirm that all the application information provided by me is true and correct to the best of my knowledge and that providing false information could disqualify me from consideration.

Signature of Applicant: _____ Date: _____

Please attach 2 letters of recommendations with your completed application.